Inviting a Spiritual Framework into Clinical Social Work Practice

By

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Abstract

During my practicum at Dragonstone Counselling, I had the privilege to explore and learn how practitioners both embody and incorporate holistic and alternative expressive art-based modalities that attend to the mind, body, and spirit of those accessing service in a clinical counselling practice setting. Additionally, I explored more traditional counselling approaches, such as Rogerian client-centred and feminist modalities, and how these can be paired with spiritual, holistic and art-based approaches to wellness. Throughout my studies, I uncovered a keen interest in understanding wellness and healing, with a particular focus on understanding methods of wellness that empower and help neurodivergent individuals with ADHD (attention deficit hyperactivity disorder) as well as the 2SLGBTQIA+ (Two-Spirit, lesbian, bisexual, gay, transgender, queer, intersex, asexual/aromantic/agender) community to resist and unlearn our internalized oppressions.

Acknowledgements

I would like to extend my gratitude to my supervisors with Dragonstone Counselling Edward Sandberg and Renee Parker. Your guidance, support, and mentorship throughout this journey has been invaluable. Learning and developing clinical practice skills within a spiritual and holistic counselling practice has been such a gift. To my committee member Professor Dawn Hemingway thank you for your guidance, support, and feedback. Thank you to all my friends and family who have cheered me on throughout this degree and provided a listening ear on the tough days.

To my supervisor, Dr. Indrani, words escape how to convey the depth of gratitude I have for you and the support, guidance, reassurance and just the astounding level of belief you have had in me (when I had none) to not only complete this degree but to excel in my field. I have never felt so utterly seen and held. You embody a spiritual and holistic approach and I leave this program forever changed because of these experiences with you. I look forward to being that person for other people.

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This practicum report outlines my theoretical and personal positioning, literature review, agency overview, and learning plan—learning experiences and implications for social work practice that are a culmination of my lived experiences and academic explorations. I lean into the invitation of the winding path of the labyrinth described by Cunningham (2012) as a metaphor both for clinical practice and my own spiritual journey. I seek to remain curious, while eager to tangibly embrace and submerge myself into the co-creative, safe learning environment that Dragonstone offers. Its shared values in holistic healing, social justice, diversity, and community invite my full humanity and that of the individuals I will work with in the learning process.

Theoretical Orientation

I seek to ground my practice in an ecofeminist perspective that necessitates and centres decolonization. Ecofeminism is a holistic framework that aligns with and encompasses anti-oppressive, trauma-informed, gender-inclusive and affirming values and

approaches. It is these theoretical orientations that inform and guide my thinking, actions, and the way I strive to show up congruently across the spectrum of roles and responsibilities I hold.

Ecofeminism is based on the premise that "both person and planet are threatened by the same enemy" (Roszak, 1979, p. 32; Pompeo-Fargnoli, 2018, para. 1). The term ecofeminism was coined by D'Eaubonne (1981) and represents the "coming together of the environmental, radical feminist, and women's spirituality movements, out of a shared concern for the well-being of the earth and all life that the earth supports" (Pompeo-Fargnoli, 2018, para. 23). Ecofeminism holds a deep reverence for and belief in the interconnectedness and interdependence of all aspects of life—human and non-human—and a holistic understanding that centres the natural world rather than humans (and their wants and needs) (Boetto, 2019; Grossman Freyne, 2018). Ecofeminism also includes culturally located community-based approaches (Dominelli, 2015), sustainability and degrowth, critical and anti-oppressive theoretical approaches (Boetto, 2017), emancipatory practice, and social action (Boetto & Bell, 2015; Narhi & Matthies, 2001). The concepts that inform ecofeminism are not new: the nature of our interconnectedness and interdependence, along with concepts of wholeness, harmony, balance and a close relationship of the physical and spiritual, have always been deeply understood by Indigenous peoples. Settler colonialism has and continues to violently displace Indigenous peoples from their lands, seeking to sever the very relationality with the earth and all humans and non-humans that ecofeminism values. Zaph (2010) highlights the harm in the colonial capitalist perspective that "tends to view the physical environment as separate from ourselves, as an objective thing, as a commodity to be developed or traded or wasted or exploited, as an economic unit, as property"(p. 35). Whereas, Indigenous

peoples have always understood the importance of the environment and the interdependent link this has with human health and well-being. Baskin (2016) highlights how:

> "within Indigenous worldviews and spirituality, there is no separation between people and the land. Place, or the physical environment, shapes Indigenous people's entire lives and everyone else's lives as well, even though in Western worldviews, people are largely removed and unaware of the connections between themselves and the physical environment in which they live. (p.52)

It is critical, as we move forward, to acknowledge the central role that the land and the natural world play in our health, well-being, and healing as human beings.

Placing Myself

I am a white, queer, neurodivergent, nonbinary, able-bodied settler. I grew up in the same small rural village as my mother, nestled in the Rocky Mountains of Northern British Columbia. I come from a large working-class family with six siblings and was raised within a strict conservative Roman Catholic framework. Although I resist and strive to unlearn these colonial patriarchal structures of organized religion, they have undeniably influenced my understanding of the world. However, I value a spiritual approach in which the "essence of spirituality is one's yearning for and expression of living connected with everything" (Cunningham, 2012, p. 14). I have lost two siblings to suicide. Each loss has shaken my understanding of self, the world, and my family. Everything I thought I knew to be true, I began to question. My interest in wellness has been driven by my own searching, healing, and self dis/recovery, a desire to understand and make sense of my own experiences, to follow an unshakable sense that there is more to life. I have a need to better understand my role and responsibility to myself, to humans and non-humans, and to the natural environment.

Spiritual, holistic, and feminist frameworks have invited me to feel more deeply and to see the nature of our interconnected existence, and thus the interconnected nature of our collective liberation. I see myself as part of, rather than separate, from the whole. This has provided space to explore, to better understand, and to welcome parts of my identity that have been dismissed and silenced as I internalized the barrage of patriarchal domination. As someone who came out later in life, I am conscious of the ways that spirituality and spiritual practice have supported me in finding a sense of liberation from the shame and silence of internalized heterosexism. Spiritual and holistic approaches have helped me to find and renew my connection with my inherent worth and the value of my voice, my thoughts and my experiences— strengthening my self-trust.

As a neurodivergent person, I align with the neurodiversity perspective that affirms that diverse neurological conditions are normal variations of the human brain. The term neurodivergent was coined by Judy Singer in the late 1990s to challenge the dominant views of pathologizing neurodiversity and to advise that neurodiversity be recognized as a social category equal in importance to gender, sexual orientation, ethnicity, and disability (Disabled World, 2021). "Neurodivergent" refers to members within the larger group of a neurodiverse community. "Neurotypical" refers to those whose neurological development is typical and conforms to what is dominantly perceived as normal (Disabled World, 2021).

My social work education has offered a structural lens to understanding power and privilege and their relation to oppression and what it means to be well. This structural lens acknowledges that "many of the issues and problems people in need face are rooted in societal, political, and economic conditions" (Lundy, 2015, p. 88), recognizing social structures and their role in producing and maintaining inequality and oppression (Lundy,

2015). Therefore, instead of blaming individuals for social conditions, a structural lens explores the barriers—which are rooted in capitalism, racism, ableism, classism, and heterosexism—that structures, such as education and employment, create for certain populations (Baskin, 2016). I am thankful for the visionaries whose voices have contributed to the valuable literature on spiritual, Indigenous, and rural and remote social work that has informed and guided me to this place. I am indebted to Indigenous peoples and to the Elders who have welcomed me into circles, ceremonies, and community. These invitations to participate have been humbling—a mirror to the disconnect with my own culture, ceremonies, rituals, and community in my life. These personal experiences, interwoven with my academic learning, have been central in my own search for liberation, healing, and self dis/recovery: an ongoing process of finding myself and my place in this world and beginning to put these pieces of my identity together. There is no end; rather, I surrender to this circular process itself.

These experiences have brought me to this moment and fuel my desire to envision what could be, dream big, and do better. Connecting deeply and understanding my freedom cannot and will never be separate from the freedom of others. Connecting the links between white supremacy, patriarchy, colonialism and environmental destruction as a white settler, it is important to acknowledge directly my responsibility to engage and sit with the uncomfortable, unsettling practice of dismantling the learned and implicit biases I hold. I have been socialized by harmful, violent, oppressive systems that uphold colonialism, white supremacy, heteropatriarchy and human superiority in relation to the natural environment. To embody social justice and ecofeminist values requires ongoing cultivation and commitment to the continual process of reflexive practice. It requires being humble in the journey of unlearning and disentangling from these systems. I will make mistakes at times and must be

willing to be informed by others. This means accountability to my own complicity to these systems and the ways I may perpetuate harm in my daily life. I must take tangible actions that build the bridge between having a theoretical approach and what I enact and embody daily.

During my undergraduate degree, a professor shared the following quote by Lilla Watson, an Aboriginal Elder, activist, and educator from Queensland, Australia: "If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together" (Lilla: International Women's Network, n.d.). I have been guided by and return to this frequently.

Agency Overview

The following section offers a description of the agency, Dragonstone Counselling, where I completed my practicum. I will describe the agency's structure, mission, values, and populations served.

Dragonstone Counselling was founded over thirty years ago, by Christine Waymark and Robin Rennie, with the desire and need during the AIDs crisis for respectful and informed care for people who experience marginalization. This legacy continues and is represented in the core values of holistic healing, social justice, diversity, and community that Dragonstone Counselling is grounded in and committed to upholding.

The practitioners at Dragonstone come from diverse backgrounds and lived experiences, and they work together to create a safe and inviting space for LGBTQ+ folks and people of all genders, cultures, and subcultures (Dragonstone, n.d). Services offered include individual, relationship, and family counselling. The diverse team of practitioners at Dragonstone counsel people for a range of issues, such as emotional wellbeing, life

transitions, grief and loss, exploration of identity, gender and sexuality, traditional and alternative relationship structures, trauma, immigration and settlement challenges, physical health, and family and relationships.

Practitioners at Dragonstone work with a variety of frameworks and approaches, including client-centred, feminist, and anti-oppressive therapy; narrative therapy; emotion-focused therapy; solution-focused therapy; trauma-informed therapy; cognitive behavioural therapy (CBT); and eye movement desensitization and reprocessing therapy (EMDR). Practitioners are also trained in a number of expressive modalities that include visualization, meditation, and sandtray therapy for people of all ages.

The organization is comprised of practitioners from a number of different disciplines, with counsellors certified as registered clinical counsellors, Canadian certified counsellors, and registered social workers. Dragonstone is a non-hierarchical organization with six partners who each have a specific role within the operations of the counselling centre (Dragonstone Counselling Intern Handbook, n.d.). I was considered an intern while completing my practicum at Dragonstone. The agency holds a continuous roster of counselling interns at any given time, most of whom are students of counselling psychology. The interns are under the supervision of Renee Parker and Edward Sandberg. Dragonstone aims to ensure access to counselling for individuals facing significant financial barriers who cannot afford the full counselling fee by offering adjusted rates with partners and low-cost or no-cost counselling with interns.

Learning Goals and Activities

Outlined below are the activities I pursued while completing my practicum at Dragonstone.

I. Complete an orientation to Dragonstone Counselling.

    a) Familiarize myself with agency structure, mission statement, policies, and staff.

    b) Complete intern training courses in the following areas: trauma-informed practice; 2SLGBTQIA+, Indigenous, and BIPOC allyship; accessibility; and kink.

II. Continue to develop my understanding of holistic clinical social work practice and incorporation of spirituality into counselling work.

    a) Read texts on spirituality in social work practice, including *Spirituality and Social Work* (Coates, Graham, Swartzentruber, & Ouellette, 2007), *Integrating Spirituality in Clinical Social Work Practice* (Cunningham, 2012), and *Spiritual Diversity in Social Work Practice: The Heart of Helping* (Canda, Furman, Canda, 2019).

    b) Learn from anecdotes shared by practicum supervisor and at group supervision meetings.

III. Incorporate alternative methods into my practice when appropriate. Alternative methods may include visualization, meditation, and expressive arts therapy.

    a) Read texts on expressive art therapy, including *Environmental Expressive Therapies* (Kopytin & Rugh, 2017).

IV. Increase my knowledge of clinical social work practice.

    a) Gain experience working with a range of counselling modalities, particularly mindfulness-based cognitive behavioural therapy, as well as emotions-focused and person-centred approaches.

    b) Continue to read textbooks pertaining to clinical social work approaches of interest as I gain experience in my practicum. Textbooks include

        Clinical Social Work Practice: An Integrated Approach (Cooper & Granucci Lesser, 2015)*, Emotionally Focused Therapy for Couples*

(Greenberg & Johnson, 1998), *Theoretical Perspectives for Direct Social Work Practice: A Generalist-Eclectic Approach* (Lehmann & Coady, 2001), *Counselling Skills for Social Work* (Miller, 2012), *Social Work Practice with the LGBTQ Community* (Denato, 2018), and *10 Principles for Doing Effective Couples Therapy* (Gottman & Gottman, 2015).

    c) Have weekly supervision with my practicum supervisor to support me in the development of my clinical practice skills, as well as group supervision.

V. Continue to strengthen my clinical skills.

    a) Further develop my skills in the areas of assessment and treatment planning.

    b) Enhance my ability to do relational and collaborative anti-oppressive social work by using journaling as a self-reflective tool. Work toward self-reflexive praxis by bringing case examples to supervision meetings.

    c) Learn best practices for note taking and record keeping in clinical practice.

    d) Further develop my tools for critical self-reflection by reading *White Supremacy and Me* (Saad, 2020) and completing the accompanying workbook.

VI. Stay informed of the structural barriers and experiences faced by the client populations with which I work, in particular issues pertaining to 2SLGBTQIA+ and neurodivergent communities.

VII. Contribute to my practicum report regularly throughout my practicum.

    a) Maintain a journal to document my reflexive process, insights, and areas to research.

     b) Designate specific times for reading and writing each week, maintaining a

     c) schedule that will allow me to produce a first draft of my practicum report upon

        completion of my practicum hours.

VIII. Maintain a regimented self-care plan to help ensure a healthy and sustainable practice as I move into clinical work.

     a) Complete my practicum hours while also maintaining a healthy work-life balance. This includes portioning time for both reflection and decompression throughout my workday. All client sessions will be followed by a 15-minute break to take notes and an additional 15 minutes to have a snack in the breakroom, have some quiet time, or go for a short walk.

     b) Move my body regularly throughout the week and make space in my schedule for creative time.

     c) Continue to prioritize my mental wellness by using meditation to re-ground

     d) at the end of each day, as well as seek and explore new ways to create healthy boundaries around my professional life. For example, establish beginning- and end-of-day rituals to mark the boundaries of my workday.

     e) Apply theoretical frameworks from class learning such as: Northern and Remote, Spirituality and Social Work, Alternative Methods to Wellness, Indigenous Peoples: Advanced social work practice.

Literature Review

The following section provides an overview of the literature relating to my learning goals to understand wellness and healing modalities that are helpful to the ADHD and 2SLGBTQIA+ communities. This section explores the impacts of internalized heterosexism and the ways it develops; the impacts of dismissive and misinformed understanding about

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ADHD on identity formation; the interconnection between nature and wellness; and the way that holistic and spiritual approaches, Rogerian client-centred work, sandtray therapy, critical feminist theory, strength-based therapy, and mindfulness-based cognitive behavioural techniques in clinical social work practice can support a sense of liberation from internalized oppression and reconnection to one's self and internal wisdom.

Wellness within Systems

The Canadian Association of Social Workers (n.d.) states that "social work is a profession concerned with helping individuals, families, groups, and communities to enhance their individual and collective well-being" (What Is Social Work, para. 1). Part of understanding wellness is recognizing the oppressions, micro and macroaggressions, and barriers that particular groups of people face in their daily lives. As Hadley (2013) reminds readers "we live in societies in which we are shaped and positioned by dominant/subjugating narratives including patriarchy, eurocentrism, heterosexism, capitalism, psychiatry/psychology, and medical science" (p.373). In our pursuit of wellness as individuals and in our role as social workers in supporting or fostering wellness for others, we must remember that we are working to create wellness within systems that disproportionately disadvantage and harm BIPOC (Black, Indigenous, and People of Colour), queer and trans people, and neurodivergent people. These systems value capital gain over the health and wellness of our planet. They continue to take and destroy the very sources of life for all humans, plants, and animals on Earth.

Wellness is not an isolated event or a solo endeavour. Rather, it is a process—actions that we repeatedly engage in as individuals within our environments in both the natural world and our physical and social surroundings. Our wellness is unequivocally impacted by the systems we live in. Our intersecting identities impact how we experience life and oppression

within these systems. Crenshaw (1991), a foundational feminist thinker, coined the term

"intersectionality" to identify the importance of identity politics and of understanding

intersectionality in our pursuit for liberation and social justice. A mainstream narrative in

both conservative and liberal circles is the idea that we are all one. That labels and social

categories seek to divide us, separate us, and drive focus on our differences rather than the

commonalities that we share. Crenshaw (1991) powerfully counters this narrative, stating,

"the view that the power in delineating difference need not be the power of domination;

instead, it can be the source of social empowerment and reconstruction" (p. 1242). That there

is power in reclaiming who we are, in naming and identifying ourselves. The aim is not to

exclude ourselves but to find strength, to validate and honour our existences, and to create

and give voice to alternative narratives.

Crenshaw (1991) specifically speaks about violence against women and how the

violence many women face is shaped by other dimensions of their identities, such as race and

class. When we fail to acknowledge or are not willing to see the full context, we don't truly

see the person in their environment. Acknowledging our differences is not divisive. Rather,

"ignoring difference within groups contributes to tension between groups" (Crenshaw, 1991,

p. 1242). Humility and curiosity help us to unlearn what we think we know, to understand

and believe other experiences. The therapeutic relationship in the context of counselling

hinges upon safety, being seen, and being understood. These are necessary to join with, be

with, another person for healing. When examining the lives of queer, trans, and

neurodivergent people, we see that they live in the margins of the dominant

cisheteronormative, neurotypical norm. This means that queer and neurodivergent people are

constantly at odds with the world around them. The dominant systems/narratives tell them

who they should be.

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Internalized Heterosexism

2SLGBTQIA+ people face higher rates of marginalization and discrimination than heterosexual and cisgender people (Drazdowski, et al., 2015). The discrimination, stigmatization, and harassment experienced by gender and sexual minorities (GSM) can have devastating consequences to self-esteem, physical health, mental health, and general well-being (Puckett et al., 2015). Internalized heterosexism (IH) "refers to the internalization of negative views of oneself or others who are sexual minorities as a product of living within a heterosexist society" (Puckett et al., 2015; Szymanski et al., 2008). IH has been studied for over 30 years. However, research has predominantly focused on the mental health correlations of IH (Puckett et al., 2015). Recently, studies have shifted focus to examine the development of IH and "the psychological and social processes through which IH affects mental health (Szymanski et al, 2014), and ways to intervene and alleviate IH" (Yadavaia & Hayes, 2012; Puckett et al., 2015, p. 426). This overview of the literature centres on the roles that spirituality and spiritual practice have in alleviating psychological distress that GSM experience related to internalized heterosexism.

Szymanski et al. (2008) define internalized heterosexism as "an ideological system that operates on individual, institutional, and cultural levels to stigmatize, deny, and denigrate any non-heterosexual way of being" (p. 512). Furthermore, Szymanski et al. (2008) assert that "most theories of LGB (lesbian, gay, bisexual) identity development hold that these identities are formed in a cultural context of extreme stigma toward same-sex romantic, emotional, and sexual behaviour. Thus, inevitably, LGB people are likely to have some level of internalized oppression related to their status as members of a stigmatized group" (p. 510). This contextual understanding of identity development can be extended to include all sexual

orientations and gender identities that fall outside the mainstream notion of heterosexual as the norm. Weinburg (1972) challenged the mentality of the time by maintaining that the disparities in health and general well-being between GSM and heterosexual people were not the result of internal inherent weakness of GSM but rather a result of discrimination, stigmatization, and violence perpetrated by intolerant heterosexual people (as cited in Szymanski et al., 2008). The disparities in mental health outcomes for GSM have been linked to the compounding effects of discrimination. Internalized heterosexism has been linked to lower self-esteem, as well as higher instances of depression, anxiety, and substance use within the 2SLGBTQIA+ community (Drazdowski, et al., 2015).

Feminist and minority stress theory have been used to conceptualize the impacts of internalized heterosexism on the lives of GSM (Szymanski et al., 2008). Intersectional feminist theory "assert[s] the need for an integrated analysis of oppression. This principle focuses on understanding the influence of multiple socially constructed identities, such as race, gender, and sexual orientation. Feminist theorists emphasize the importance of understanding how diverse sources of oppression (e.g., sexism, classism, racism) interact and influence psychosocial well-being and the experience of external and internalized heterosexism" (Szymanski et al., 2008).

Minority stress theory "distinguishes the excess stress to which individuals from stigmatized social categories are exposed as a result of their social, often a minority, position" (Meyer, 2013, p. 4). In other words, minority stress theory states that GSM experience higher stress levels due to stigma, prejudice, and discrimination. It is these experiences and events that create a hostile and stressful social environment that causes mental health challenges. Minority stress theory asserts that stress is composed of internal and external processes. External minority stressors are discrimination, harassment, and

violence, whereas internal minority stressors are internalized heterosexism, perceptions of

stigma from being associated with GSM, expectations of rejection, and concealment of one's

sexual orientation (Meyer, 2013; Puckett et al., 2015; Szymanski et al., 2008). Feminist and

minority stress theoretical frameworks state that IH and the psychological distress correlated

to IH are rooted in and develop from experiences of discrimination; harassment; and

prejudice associated with racism, classism, sexism, and other sources of oppression

(Szymanski et al., 2008). In essence, IH results from the ongoing and persistent experiences

of invisibility, rejection, prejudice, harassment, discrimination, and violence individuals face

from their own micro (individuals, family, relationships), mezzo (communities, schools), and

macro (policy, laws, legislation, healthcare) levels in their lives (Szymanski, et.al, 2008).

The process of internalization is socialized over a long period of time. As such, this

process is often not conscious but leads to an accepted reality or truth. Paulo Freire (1970), as

cited in Boone, Roets, & Roose (2019), emphasizes "how the oppressed, through historical

processes of domination, have adopted a culture of silence, by which they have internalized

the image of the oppressor and adopted his guidelines" (p. 438). This can leave individuals

feeling like the problem is within them rather than believing in the need for systemic or

social change (Drescher, 2015). Understandably, this can cause difficulty in embracing one's

identity and have negative consequences on self-esteem, self-worth, and general health and

well-being.

Attention Deficit Hyperactivity Disorder

ADHD, a developmental neurological disorder, can also be understood through a

perspective of neurodiversity that frames a spectrum of diverse neurological conditions as

normal variations in the human brain. Such conditions are often only considered disordered

when compared to the dominant neurotypical brain. It is estimated that the prevalence of

ADHD is 5% in children and adolescents and 2.5% in adults (American Psychiatric

Association, 2013). ADHD is generally understood to be characterized by inattentiveness,

distractibility, impulsivity, and hyperactivity (APA., 2013; Spencer et al., 2007). The

frameworks put forth by Russell Barkley and Thomas Brown, although differing in

perspectives, suggest that ADHD is better recognized and understood as an impairment in

executive functioning or the management system of the brain (Brown, 2006). ADHD is a

highly hereditable condition, although it is also influenced by environmental factors where

there is a discrepancy between neurotransmission and brain circuit structures integral to

cognitive and executive function. This results in challenges with inattention, impulsivity,

hyperactivity, procrastination, sustained focus and effort, emotional regulation, and working

memory and recall. A lack of understanding surrounding the neurological components to

emotional regulation and motivation exacerbates stigma, perpetuating the idea that those with

ADHD are lazy and just need to try harder, rather than providing strategies that work for the

ADHD brain. The compounding effects of this ignorance and misunderstanding lead to the

internalization of shame and guilt. As a result, self-esteem is eroded. It is crucial that

neurodivergent children, adolescents, and adults are not pathologized for simply existing in a

world built for neurotypical brains.

Trauma, Rejection Sensitivity, and ADHD

Dodson (2016) reports that "children with ADHD hear 20,000 additional critical or

corrective messages before their twelfth birthday when compared with neurotypical children"

and that this has a "tremendous impact on emotions and sense of self of a developing child"

(p. 9). According to Dodson (2016), these experiences, along with the compounding

challenges surrounding executive functioning, cause individuals with ADHD to grow up

feeling "less than, uncool, unwanted, defective or incompetent" (p. 9). Shame, a human

emotion that everyone experiences, is often felt more intensely by those who have ADHD.

Brené Brown (2010), in her book *The Gifts of Imperfection: Let Go of Who You Think You're*

Supposed to Be and Embrace Who You Are, defines shame as "the intensely painful feeling or

experience of believing that we are flawed and therefore unworthy of love and belonging" (p.

39). Shame shares similarities with rejection sensitivity dysphoria: a fear of being unlovable

and inadequate, that the core of who one is leads to rejection (that one doesn't belong).

Dodson (2016), an adult psychiatrist specializing in ADHD, highlights the challenges of

emotional regulation for people with ADHD: low frustration tolerance, an intense sensitivity

to rejection and criticism, shame, guilt, and overwhelm by one's own or other people's

emotions (p. 8). Although there does not appear to be research on this topic, Dodson (2016)

states that early research on ADHD intentionally ignored rejection sensitivity because it was

not always present or was masked by people with ADHD; therefore, it was hard to measure

in research (p. 10). Moreover, 30% of people with ADHD self-report emotional

dysregulation as the most challenging aspect of ADHD (Dodson, 2016, p. 8). Dodson (2016)

defines RSD as an intense sensitivity to teasing, criticism, real or perceived rejection, and

one's own perception of failing or falling short (p. 10). In an attempt to avoid this emotional

pain, many people with RSD become people pleasers: "they quickly scan every person they

meet and have a remarkable ability to figure out exactly what that person would admire or

praise. They then present that very pleasing false self to the world" (p. 11). Consequently,

these attempts to avoid rejection and disapproval can result in losing focus on one's own

goals, desires, and sense of self—a never-ending loop of unattainable perfectionism where

one stops trying or taking risks (Dodson, 2016). RSD is not included in the DSM-5. When internalized, it can be mistaken for major depressive disorder, rapid cycling bipolar disorder, borderline personality disorder, or social anxiety disorder (Dodson, 2016). When externalized, RSD presents as rage (Dodson, 2016). Understanding and awareness of the connections between the ADHD brain, emotional regulation and RSD are critical to the process of developing helpful strategies and tools that meet the needs of children, adolescents, families, and adults seeking support.

Feelings of shame often lead to suffering in silence, fearful of further rejection, criticism, and shame. This process erodes self-confidence, self-esteem, and self-worth. Dodson (2016) explains that harsh negative internal dialogue can become ingrained for individuals with ADHD as a way to self-motivate. Supporting individuals in managing their ADHD symptoms, and particularly to build self-esteem, must include teaching them how to navigate their needs, goals, and daily tasks in ways that work for their ADHD brain (Dodson, 2017). Furthermore, having just one adult who is their cheerleader, who can genuinely see and hold them as a capable, worthy, and good person—particularly in the face of having made mistakes—is critical in helping to build self-esteem (Dodson, 2017).

Dysregulation, Emotion Regulation, and Its Role in Wellness

> "Sometimes our emotions are so messy we look like human scribbles. Like two-year-olds have colored us in. Like we have too many feelings to stay inside the lines of our own skin, but that is still a kind of masterpiece". (Gibson, 2022)

Dysregulation is a state of being out of balance. This is where our bodies go into fight/flight/freeze/fawn and we struggle to manage our emotional response to external triggers. The window of tolerance is a concept introduced by Daniel J. Sigel in 1999 to explain how humans handle emotional distress (Porter, 2018). Porter (2018) explains the window of tolerance as

> the intensity of distress that [a person] can handle at a given point in time. The intensity of emotions that we experience within this window might not necessarily be comfortable, but these emotions can be managed in such a way that we can still think, problem-solve, and cope. (p.104)

Being outside of one's window of tolerance can cause unbearable emotional experiences due to the intensity of the emotion and/or numbness and disconnection (Porter, 2018). One's window of tolerance "will widen or narrow depending on our circumstances. If we are dealing with major stressors such as physical pain, illness, financial or relationship issues, PTSD, depression, anxiety, etc. our window will likely narrow" (Porter, 2018, p. 104). It is reasonable to conclude that experiences of oppression, stigma, and discrimination also play a role in the development of one's window of tolerance. As human beings, we are wired to find ways to return within our window of tolerance. Some regulating behaviours are short-term solutions with long-term consequences. Porter (2018) reminds us that the good intentions underlying all coping mechanisms are to return back within one's window of tolerance. Humans naturally use coping strategies that are available and familiar, that give them the desired result, often to reduce intense feelings or to feel something other than numbness or disconnection (Porter, 2018). Barkley (2010) and Gottman Katz (1989), as cited in Bunford et al. (2015), write that

> emotion regulation occurs when, in the presence of an emotion, an individual (a) inhibits behavioral responses to the emotion, (b) self-soothes the physiological arousal that the emotion has induced, (c) refocuses [their] attention, and (d) organizes [themselves] for a coordinated set of behaviors that are congruent with an external goal (p. 187).

Journalling, being in nature, listening to music, using substances, binge eating, or self-injury are all efforts to regulate. From this perspective, the focus with clients can be on whether these efforts align with their personal goals, the context of their coping skills, and a biological understanding of what human nervous systems are wired for. Often, ways of meeting one's needs as children present challenges in meeting one's needs as adults. This concept will be explored further in the following section.

The necessary steps to meet one's needs as an adult require skills that are challenging for the ADHD brain, such as inhibition, self-regulation, focus, and working memory. Brown (2013) identifies emotions as one of the six core clusters of executive functions that people with ADHD struggle with. Self-regulation is building the capacity to hold space for our own emotions, to feel safe within ourselves, to soothe and comfort ourselves. Not to become self-sufficient without a need for others, but rather to connect to and meet our needs while maintaining a connection to others.

How Do We Learn Emotion Regulation

Many of us are not taught how to recognize our emotions, how to process them, what messages they might have for us, or how to recognize the wisdom that they hold. How many adults have been told "children should be seen and not heard"? "Classic attachment theory indicates that internal working models, which develop out of a history of caregiver responses to emotional needs during childhood, are key emotional resources that are needed to recreate a sense of security when experiencing interpersonal stress" (Allen & Miga, 2010; Bowlby, 1969, 1980; Cassidy, 2008; Chow, Ruhl, & Buhrmester, 2016; Mayseless & Scharf, 2007, as cited in Gardner et al., 2020, p. 126). Self-regulation, or emotional regulation, is a process and skill that is taught (or not) by caregivers, a skill learned in relationship with others. Brumariu (2015) affirms this understanding of how emotion regulation develops:

Children learn about emotion and emotion regulation strategies in the interaction with their caregivers through a variety of socialization methods, such as directly being taught and communicating about their emotions and ways they are helped to modulate their emotional responses. (p. 33).

This is where the internalization and the wounds of previous generations bleed into the present. Those who haven't learned or honoured their own emotions and healing have a hard time holding space for their children and teaching them how to do this. This is particularly true for neurodivergent and queer folks who have had caregivers who continually tell them that they are wrong or who are unable to tend to their emotional needs. In the face of this emotional neglect, they develop maladaptive coping strategies as a means of survival that becomes problematic when they grow into adults and must meet their own needs.

When caregivers are not able to hold space for our emotions or do not know what to do with them, we are often taught to repress emotions, feel ashamed of them, and abandon this integral part of who we are and what it means to be human. As Gabor Mate (2020) discusses, when, as children, we are made to sit alone with big emotions, we learn to repress the emotions and give up our authenticity for the sake of attachment with our caregivers. When we begin the process of self-acceptance and give ourselves compassion and care rather than harsh critical judgement, we begin to learn to self-regulate, expand the edges of our window of tolerance, and reconnect parts of ourselves that we may have abandoned in survival. Holistic modalities focus on wholeness. As outlined in the previous section, the minority stress theory emphases how experiences of oppression are internalized and impact a person's ability to self-regulate. The dominant narratives of oppression and marginalization cause dysregulation and dysregulating behaviours.

Inviting a Spiritual Framework into Clinical Social Work Practice

The Oppression of Nature and Wellness

The human connection to nature is inherent; historically, our survival has depended on it. Changes from foraging to agriculture to industrialism have changed the ways we relate to each other, support each other, manage the environment, solve social problems, and organize ourselves politically (Coates et al., 2007 Collier 2006). It is no surprise that there are well-known links between human health and well-being and the natural world (Boetto, 2017; Narhi and Matthies, 2001; Coates et al., 2007; Ferreira, 2010; Hodge et al., 2009). Importantly, Vermeesch et al., (2022) remind us that "nature-based interventions are not novel. Indigenous people worldwide have been practicing nature-based interventions (e.g., ethnobotany) well before what we know as contemporary science even made us aware of the impacts of nature on human health" (p.1). The natural environment and spirituality are central to our well-being. In the same way, ecofeminism aligns itself with the natural world and draws connections between our wellness as humans and the destruction of Earth (Roszak, 1979, p. 32).

The exploitation of the land and natural resources contribute to climate change and severe weather, which in turn impact our wellbeing. Clayton et al., (2017) illustrate how environmental crises impact health when climate-related disasters, such as flooding, fires, and extreme temperatures, damage and disrupt our infrastructures and impact agricultural conditions, transportation of food, access to electricity, drinkable water, waste removal, and medical care. Furthermore, access to nature and green spaces is known to increase the life satisfaction and well-being of humans (Lewis et al., 2022; Biedenweg et al., 2017). Interacting with and being immersed in nature or green spaces has been shown to reduce stress and mental restoration (Grahn & Stigsdotter, 2003; Hartig et al., 2003; Korpela & Ylén, 2007; van den Berg et al., 2007), improve self-esteem and mood (Kondo et al., 2018;

Bartonet al., 2012; Barton & Pretty, 2010), promote positive self-worth (Richardson et al., 2020), and benefit cognitive development and functions such as attention and working memory (Kondo et al., 2018; Dadvand et al., 2015; Mayer et al., 2009; Gidlow et al., 2016). Our wellness as humans on this planet cannot be separated from the wellness of the Earth. Destroying our natural environment in turn destroys us.

Aligning Clinical Modalities

In this section, I will provide an overview of clinical modalities that align with an ecofeminist framework. Although these approaches can be helpful and effective for a broad demographic of people, I specifically link these approaches to the ways they are supporting queer and neurodivergent people and communities. Spiritual and Rogerian approaches to working with clients builds a solid foundation that informs the ways other theories and modalities are included.

Spirituality and Clinical Social Work Practice

Well-being is commonly understood to include attention to the physical, emotional, mental, and spiritual aspects of self. However, the spiritual aspects are often left unattended. Experiencing wellness is shaped by how we make sense of the world around us. Cunningham (2012) emphasizes that

> Many everyday problems in living are complicated by underlying spiritual concerns. It is easy to become hopeless when one has no guiding frame, no spiritual resources to call on in the struggle against poverty, job loss, marital difficulties, health concerns, trauma, grief, oppression, depression, and a host of other problems. In pondering whether these are existential or spiritual concerns, Maslow (1963) states that existentialism focuses on human aloneness. Spirituality embraces the human desire for connection. (p. 2)

Inviting a Spiritual Framework into Clinical Social Work Practice

Spirituality is broad and expansive, a more inclusive concept than religion (Cunningham, 2012). Baskin (2016) states that "spirituality embodies an interconnectedness and interrelationship with all life" (p. 52). This is echoed by Cunningham (2012), who describes the essence of spirituality as "one's yearning for and expression of living connection with everything" (p. 14). Spirituality is a way of connecting back to ourselves. It is a journey of self-discovery, a return to intuitive knowing and living authentically (Boynton & Vis, 2017). Margolin and Sen (2022) describes how

> holistic interventions that engage the spirit, body and mind are required to assist individuals out of posttraumatic stress. Trauma survivors often become cognitively stuck in a flight/fight or freeze response pattern and simultaneously lose their sense of identity and life purpose after a tragic loss or violation. Clients find inspiration to grow beyond their trauma when they have purpose; a deep driving desire to propel them forward after loss. Without an authentic goal, however, trauma overwhelms their entire being. (p. 1).

Inviting holistic and expressive approaches, spirituality can be experienced in a variety of forms, such as through writing, art, music, physical activity, meditation, mindfulness, focus on the present, prayer, and time spent with pets and in nature (Boynton & Vis, 2017). Spirituality can be expressed through cultural rituals, ceremonies, songs, and dances. Spirituality is not just something we practice; it is embodied in how we live our lives each day.

A spiritual framework can offer access to a deep internal strength to stand strongly and fiercely in the face of colonial, patriarchal domination, giving agency back to those silenced by these dominant oppressive systems. It can provide the freedom to embrace who

we are as individuals while also facilitating a stronger connection with the collective

community.

Spirituality can be a source of resistance and reclamation. For example, resisting the

inherited or primary caregivers' beliefs can be seen as an act of spiritual searching and a

natural part of growth. Cunningham (2012), who uses the labyrinth as a metaphor for clinical

practice, states,

> As in the labyrinth, there are twists and turns. It involves detours, uncertainty, failure,
>
> and reassignment of priorities. Client lives are complex, and the path to solutions can
>
> appear confusing at times. . . . The labyrinth is a visual map of this cyclical process. It
>
> allows us to see client's movement toward and away from the work as a natural
>
> progression toward wholeness, rather than resistant to the work. (p. 7)

In fact, what might be seen as resistant or relapse behaviour is part of the circular nature of

change and growth, and the reality that growth and change are not linear. This is similar to

the resistance of societal narratives surrounding the expectations of who we are and how we

live our lives. Resistance is an element to the process of reclaiming; perhaps by resisting, we

create space for new truths and our ability to practice self-determination. Spirituality or

spiritual beliefs support this process of resisting the heteronormative or neurotypical narrative

and conscious choice.

Grounding in and finding a spiritual practice, whether that be meditation, dance, art,

writing, or being out in nature, can invite presence with ourselves and the world around us. A

greater awareness of ourselves and our inherent worth may grow. This sense of

consciousness can facilitate the ability to see the bigger picture, and a deeper personal

understanding of the politics of oppression and their impacts on our identity development can

create freedom in the sense of feeling safer in our own skin. This deeper understanding of

self supports a deeper self-trust. Consciousness does not mean the attainment of knowledge; it means comfort and peace with the uncertainty, mystery, and ambiguity in life and the awareness that our beliefs grow and change and evolve with us throughout life: they are active, fluid, and vibrant rather than static. In gaining awareness and understanding of the systems and structures that perpetrate oppression and harm, connection to spirituality holds the ability to support hopefulness and empowerment rather than powerlessness. Baskin (2016) shares an Indigenous Elder's teaching that

> The Grandmothers also speak about forgiveness, releasing the past and letting go of judgments. Yupik Elder Rita Pitka Blumenstien of Alaska tells us that when we do this, "we give ourselves permission to define ourselves, rather than being defined by others or past events. We are free to become who we are" (as cited in Schaefer, 2006, p. 142).

This conscious awareness interrupts the internalization of values and norms that are not in our own best interest and frees us to embrace our authentic selves.

Our beliefs help to make sense and meaning of life experiences, including joy and injustice; they provide reassurance and guidance to navigating life. Spirituality invites in awareness, acceptance, compassion, hope, and imagination of a presence much bigger than ourselves; that awareness and consciousness helps to make sense of the world around us. Our beliefs help to make sense of the uncertainty, ambiguity, and mystery of life and seem to provide a deeper, more unshakable strength to face and navigate the unpredictable nature of life. Spiritual beliefs have the power to transform feelings of powerlessness into a sense of personal authority and empowerment without necessarily changing any of the social circumstances surrounding us.

As previously noted, a spiritual framework offers a sense of awareness of something much bigger than ourselves. This profound awareness of our vast web of interconnection is critical to the concept of liberation. Baskin (2016) affirms that

> The spirit is just as influential as the mind, body, and emotions in the work that [we] choose to do. This helps [us] understand that [our] spirituality is not meant to simply make [us] feel better in times of distress. Rather, it is what pushes [us] forward in understanding, resisting, and taking action toward social justice for all of humanity.
>
> (p. 55)

The awareness of a bigger picture and the personal permission to define ourselves can allow us to begin to live more authentically. As we do this and develop a stronger responsibility to ourselves rather than to dominant heteronormative or neurotypical narratives, we also come to recognize our responsibility to the larger collective and the need for action alongside beliefs for systemic change. In this way, I reflect on the radical social justice activism of people like Marsha P. Johnson, a transgender drag queen who was a prominent figure of the Stonewall uprising in 1969. This began the 2SLGBTQIA+ liberation movement that has brought marriage equality and legislation to prevent workplace discrimination due to sexual orientation and/or gender identity. These battles are not over, yet the social actions of people like Marsha P. Johnson have contributed to the freedom and rights that now exist. In this way, spiritual beliefs can move beyond personal liberation to collective liberation.

Rogerian

A Rogerian client-centred approach states that "individual[s] have within [themselves] vast resources for self-understanding, for altering [their] self-concepts, attitudes, and self-

directed behaviour—and that these resources can be tapped [into]" (Rogers, 1989, p. 135).

Rogerian client-centred approaches fit naturally with spiritual and holistic approaches, as their foundational skills encourage being present to whatever a client brings into a counselling space (rather than focusing on enacting interventions). These approaches build a strong foundation for therapeutic alliances and engagement with clients. Also, they are a necessary component of other approaches and interventions.

Rogers (1989) describes the conditions necessary for this process to unfold, what he calls a "growth promoting environment." He outlines four main conditions. First, the therapist must be genuine, real, or congruent, meaning that the therapist must not create separation or a hierarchy with a professional title or position. Harms and Pierce (2020) highlight the value of being authentic and how this "has been consistently named as critical to the success of forming a client-worker relationship and being able to facilitate change (Hepworth, Rooney, Dewberry-Rooney, Gottfried, & Larsen, 2017 as cited in Harms & Pierce, 2020, p. 19). Moreover, "authenticity is about openness to, empathy with, and the understanding of another's situation" (Harms & Pierce, 2020, p. 19). One example of being authentic with clients is transparency around the limits of our knowledge, experience, and time. The second condition is unconditional positive regard for what the client brings into the counselling space. We must accept the client without judgement exactly where they are to understand and be with whatever feelings are present rather than to fix or change them. The third condition is empathic understanding, meaning that the therapist "accurately senses the feelings and personal meanings that the client experiences" and must be able to communicate this back to the client (Rogers, 1989, p. 136). The fourth condition is trusting the client. Rogerian client-centred practice hinges on the foundational

belief, as initially outlined, that all humans have an innate natural impulse to grow, develop

and realize their full potential (Rogers, 1989, p. 137). Trusting clients also implies a

perspective that clients have the strength, capacity, and motivation to support the desired

changes in their lives. Our role as therapists is to help clients identify and unearth the strength

and capacity that already exists within them. Similarly, as Harms and Pierce (2020) identify,

"Self-determination and autonomy are long-held core values in human service work" (p. 18).

In these ways, we enact the trust in clients that Rogers (1989) refers to.

Lastly, Rogers (1989) includes a fifth condition, a kind of transcendental

phenomenon:

> When I am closest to my inner, intuitive self, when I am somehow in touch with the
>
> unknown in me . . . then simply my presence is releasing and healing. There is
>
> nothing I can do to force this experience, but when I can relax and be close to the
>
> transcendental core of me . . . at those moments it seems that my inner spirit has
>
> reached out and touched the inner sprit of the other. . . . Profound growth and healing
>
> and energy are present. (p. 138)

Rogers (1989) affirms that a client-centred approach is not something that is done, but rather

a way of being with others that invites self-exploration and self-discovery in the client and

eventually constructive changes in the client's life. Client-centred practice is inherently a

spiritual approach, as it values and promotes the importance of being versus doing. Rogers

(1989) goes on to state that "I am compelled to believe that I, like many others, have

underestimated the importance of the mystical, spiritual dimension" (p. 138).

Client-centred approaches to therapy affirm the value of walking alongside someone

else in their journey and helping them to reconnect with their own internal wisdom, reigniting

their ability to trust themselves and better understand what they need and what is best for

them. This approach can be a powerful way of being with clients. It can interrupt the critical

dialogues they have inherited from their family systems and socialization in a cis-

heteronormative, patriarchal, capitalist society that thrives on disconnection from internal

wisdom. These dialogues specifically impact the wellness of queer and neurodivergent

people.

Sandtray Approach

As described by Eberts and Homeyer (2015), "Sandtray therapy is one of a variety of

experiential interventions. It is used with a wide range of clients, from children to the elderly,

and with individuals, couples, families, and groups" (p. 134). Furthermore, sandtray therapy

is "an expressive and projective mode of psychotherapy involving the unfolding and

processing of intra- and inter-personal issues through the specific sandtray materials as a

nonverbal medium of communication, led by the client(s) and facilitated by a trained

therapist" (Homeyer & Sweeney, 2011, p. 328). The sandtray approach was developed in

1920 by Margaret Lowenfeld (1979), in her work with children as a physician. Lowenfeld

would ask them to create "world picture" using sand, water, and miniature toys (Timms &

Garza, 2017). Dora Kalff (1980) built from Lowenfeld's sandtray work and developed the

"sandplay" approach (Timms & Garza, 2017). Although quite similar, there are distinct

differences between sandtray and sandplay approaches to practicing therapy in sand. Both

sand work methods focus on a client's understanding of their own world, using sand and

miniatures to communicate their inner experiences and facilitating a deeper awareness

(International Association of Sandtray Therapy, n.d). Sandplay is Jungian in nature (IASF,

n.d), while sandtray is open to incorporating several different theoretical orientations (IAST,

n.d). For specifics on the sandtray approach—such as using miniatures, trays, and sand—

readers can refer to well-known sandtray practitioners and researchers such as Homeyer and

Sweeney (1998, 2005, 2017). I will be writing about the benefits of sandtray that cross over

all theoretical applications while focusing on the processing of sandtray from a client-centred

perspective with adults. A humanistic perspective holds that

> clients come into therapy having learned to distrust and disregard their inner
>
> experience, and to limit their expression of emotion, in order to receive love and
>
> acceptance. To an extent, all clients are afraid of experiencing their emotions in the
>
> here and now, and have learned to cope with their emotions by controlling and
>
> stopping them. (Armstrong et al., 2017, p. 310)

Sandtray can offer clients a gentle way of reconnecting with themselves and their internal

worlds, both conscious and unconscious. Many queer and neurodivergent people face a

choice between authentic expression and safety, belonging, and acceptance from peers,

family, communities, and society. There is hope that this is changing for younger

generations.

Benefits of Sandtray

The following section explores some of the benefits of the use of sandtray. A)

Sandtray is a kinesthetic experience: through touching the sand and choosing miniatures,

clients of all ages often find the sand soothing (Armstrong et al., 2016, 2017; Homeyer &

Sweeney, 2017; Timms & Garza, 2017). This process is the beginning of reconnection with

one's body and internal world. B) Sandtray is indirect in nature: clients choose miniatures to

represent themselves and other significant people and events in their lives. The use of

symbols or miniatures provides needed therapeutic distance. Clients who struggle to

verbalize difficult emotions can find expression through creating in sandtray or through

figurines and miniatures, helping them to connect their internal experiences and outer expressions (Armstrong et al., 2016, 2017; Homeyer & Sweeney, 2017; Timms & Garza, 2017). In the same way, sandtray can be effective for bypassing verbal defences for clients with different verbal skills such as language delays, differing abilities, social or relational challenges, and even physiological challenges (Homeyer & Sweeney, 2017; Timms & Garza, 2017). C) Sandtray is inclusive for most and can be used with children, adolescents, adults, seniors, family, and groups (Armstrong et al., 2016, 2017; Homeyer & Sweeney, 2017; Timms & Garza, 2017). D) Sandtray is an effective technique for people who have experienced trauma (Homeyer & Sweeney, 2017; Armstrong et al., 2016). Homeyer and Sweeney (2017) explain that "the neurobiological effects of trauma, including prefrontal cortical dysfunction, over-activation of the limbic system, and deactivation of Broca's area, the part of the brain responsible for speech, may well point to the need for non-verbal interventions" (p. 329). The intention with sandtray is to provide a safe, contained space to experience emotions, and it is focused on the here and now. Therefore, client safety must always remain the primary concern over resolving an issue. For trauma survivors and many others who contend with frustration and fear of losing control, "the sand tray therapy process, whether structured or unstructured, provides client-directed opportunities for a renewed sense of control" (Homeyer & Sweeney, 2017, p. 330). It is clear how this alternative expressive approach can be supportive to queer and neurodivergent people, who often experience higher rates of trauma as discussed earlier in the section Trauma and ADHD and Internalized Heterosexism.

Phases of Sandtray

Broadly speaking, sandtray is broken down into the following phases: creating a scene, postcreation processing, and cleanup. Therapists begin by introducing the sandtray process to clients, inviting them to build a scene or world. Kalff (1991) "suggests that the process of choosing sandplay miniatures unconsciously activates an individual's psyche, which helps to facilitate communication between clients' conscious and unconscious worlds and consequently aids them in developing intrapersonal insight and awareness" (as cited in Timms & Garza, 2017, p. 46). Armstrong et al. (2016) highlight that the role of the therapist in the creation phase is to pay attention to any emotions that may surface. Focus is given to the emotions first rather than to the sandtray.

The processing phase includes focusing on the here and now, attending to all expressions of emotions, while making sure to attend to non-verbal communication; avoid interpretation and analyzation (Armstrong et al., 2016, 2017; Homeyer and Sweeney, 2017). Roger's core conditions of genuineness and congruence, unconditional positive regard, empathy, and trust lay the foundation for the processing phase of humanistic sandtray. As Armstrong et al, (2016) state that "any techniques or interventions used in a humanistic sandtray therapy are only effective if the core conditions described by Rogers are experienced by the therapist and received by the client" (p. 234). In this phase the therapist seeks for a balance between the client narrative and the immediate experiencing. Armstrong et al. (2017) explains how to gently direct a client back to the here and now by asking "When you think about that…experience right now, what do you experience?" (p.312). Skills used by therapist in this processing phase are reflecting and descriptive responses that particularly attend to the emotion expressed verbally and non-verbally. A descriptive question might be

"What are you noticing in your body right now?". The use of reflecting and descriptive questions can help facilitate a deep exploration and help clients to stay with their own inner experience in the moment (Armstrong et al., 2016, 2017). As with client-centred work in general, sandtray processing from this perspective is about meeting the client where they are at, reflecting empathy and acceptance without rushing, or trying to fix the problem or emotion (Armstrong et al., 2016, 2017). Therapists during this phase may inquire if clients would like to add any other miniatures in or adjust, while returning back to the feelings present if adjustments are made by clients (R. Parker, personal communication, August 22, 2022). This can support autonomy for a client and feeling a sense of completeness with their sandtray for the session. Clients are invited to take a picture if they would like before ending the session and transition to the clean-up phase. It is important to ask what feels best for the client whether they would like to help put away the miniatures of if they would like to leave the session with the sandtray scene whole (R. Parker, personal communication, August 22, 2022; Homeyer and Sweeney, 2017).

Critical Feminist Approaches

A critical feminist social work lens holds an emphasis on relationships and power. As such, feminism recognizes the need to examine the intersections of gender, race, class, disability, and sexuality and how they relate to power relations and the perpetuation of ableism, sexism, homophobia, racism, and classism (Tracy, 2020; Wendt & Moulding, 2016). As a social work practitioner, it is important to locate our own intersecting identities and how these inform and shape our own power and privilege. While also understanding the intersecting identities our clients may present with and how this shapes their experiences

within the systems we live in for example social, justice, education, and health systems and

understand how this shapes and impacts their well being.

Strengths-Based Approaches

A strengths-based perspective asserts that individuals, families, and communities are

the experts in their own lives and "must be seen in the light of their capacities, talents,

competencies, possibilities, visions, values, and hopes, however dashed and distorted these

may have become through circumstance, oppression, and trauma" (Saleebey,2012. A

strengths perspective values the importance of language, community, and empowerment

through increasing "aware[ness] of the tensions and conflicts that oppress and limit [us]"

(Saleebey, 2012).

Cognitive Behavioural Therapy

Cognitive behavioural therapy (CBT) "focuses on the interaction between an

individual's cognition, emotion and behaviour" (CADDRA, 2020, p. 51). Aadil et al. (2017)

describe mindfulness-based cognitive therapy (MBCT) as "a type of cognitive training

involving various strategies to improve attention, effective self-regulation, tranquility and

better quality of life" (p. 3). CBT provides the opportunity for individuals to begin to gain

awareness of thought patterns and beliefs and how they are linked to actions and behaviours.

As mentioned earlier, the gaining insight or new awareness around these links creates the

possibility of new choices. Moreover, Aadil et al. (2017) indicate "emerging evidence that

mindfulness meditation employed as a neurobehavioral intervention can help ADHD patients

to regulate brain functioning and thereby improve the conscious direction of attention and

emotional control" (p. 3). Many people with ADHD, self-report challenges with emotional

regulation, mindfulness mediation is a promising approach to supporting the development of these skill sets.

Learning Experiences

My learning has unfolded in ways that I had not imagined and am most grateful for. As with much of my social work education, this degree and this final practicum have offered space for self reflection, growth, unlearning, and integration of new ideas and skills into my own life alongside my practice, exploration, and academic learning. Throughout my degree I have repeatedly proved to myself that I am more capable than I give myself credit for. This has continued to be an overarching theme throughout my learning experiences in my time with Dragonstone. There has been a gift of growing into myself in this process that has been both beautiful and painful, sometimes at the same time.

Personal Learning and Insight

My personal learning has been focused on connecting with myself—being honest and curious about what I need and how I can meet my own needs—and I have seen how this intersects in my work with clients. I kept noticing how showing up fully for others continually invites me to show up more fully for myself. The more I practice extending grace and compassion to myself, the more genuine and authentic my extension of grace and compassion is to others. The more I honour, make space for, and validate what I need, the more I can do this for others and invite them to explore together what that may look like to do this themselves. The more I seek to connect with myself, my inner wisdom, and my intuition—pulling at the threads of these whispers within myself—the better I can support clients who seek to reconnect with these parts of themselves.

I felt keenly aware of things like sleep, eating, drinking water, and following through on daily commitments with school and taking care of myself. I could see that when I met

these small daily goals I felt good and kept a positive mindset. I knew I was doing my best and I could see how this supported my work with clients. I was excited by this awareness. However, what I didn't realize at that time was that although these are good, helpful things to be aware of, there was an underlying fear that if I didn't stay completely on top of everything in my life that I would not be able to be present and in the moment with my clients. I thought that if I was struggling myself, my problems would seep into my sessions and would cause a disservice to clients. I thought that my ability to be a helpful and effective therapist hinged on always being proactive in my own wellness.

Towards the end of my practicum, I went through a challenging period and I struggled to be as proactive with my own wellness. I didn't have the energy to show up for myself in the ways I had before, and my strategies that had worked in the past weren't as effective. I was struggling, and I didn't like how I was feeling. I was okay but uncomfortable. The unexpected treasure that came out of this time is that I chose to show up for clients anyway and I was surprised by what happened in my sessions with clients. Rather than being distracted by my own thoughts, I could still be astoundingly present for my clients and for that 50 minutes completely set aside own worries. This wasn't an isolated experience; it happened repeatedly. I feel so humbled and grateful to have learned that even when I am struggling, when I am showing up imperfectly for myself, I still have a lot to offer. I can still be there for my clients. I understood this logically before, but this experiential learning has been invaluable. Now I know that even when I struggle, as I am sure I will again at some point, I am fully capable of supporting my clients and showing up for them. This is not a fear I need to unconsciously carry anymore. Although there is truth in honouring my needs and practicing proactive self-care, my ability and capacity to be a good therapist does not hinge on a perfect self-care routine but rather on showing up authentically and imperfectly.

Learning to Get Out of My Own Way

I spent a lot of time wishing I could fast forward to when I felt competent, where I was sure of the skills I had and my approach to working with clients. I struggled as I sat with the beginner mindset, often expecting myself to be somewhere I wasn't. I kept trying to figure it out and was reminded that, like many things in life, it is a dance and the answers are found by starting and stepping into the process (with support), tolerating the discomfort, and continuing on anyway. I worked to settle into a beginner mindset, to accept that it is okay to be a beginner, to not always get it right. When learning something new I must be able to meet myself where I am at, trust the skills that I do have, and believe that those skills are enough in this moment. It is okay to be a beginner and have a lot to learn. By practicing this mindset, I began to experience less self-doubt and I was more present with clients. I didn't need to be something I wasn't. I am enough just as I am with the skills I currently have.

Boundaries

In the beginning, I would anticipate sessions for hours before, or if I woke up in the night and had a consult the next day, I would think about how it might go. Much of my thoughts were "Will I be good enough?", "Can I help them in the ways they need?", "Am I what they are looking for?" At times I was preoccupied by what ifs. I worried that if a client didn't rebook or return for an appointment, I must have done something wrong or perhaps overstepped in some way, hurting the therapeutic relationship. But I had the support of my supervisors to work through these situations, and I was often reminded that it likely has nothing to do with me. Something might have shifted in session, but it doesn't necessarily mean I did something "wrong." Learning to tolerate the discomfort of the unknown has been beneficial, as well as learning to trust myself to repair any rupture in the relationship, should I need to. I have learned to better regulate my own emotions in response to what happens in

session. I have benefitted from experiences where I was concerned but clients returned and there did not appear to be a rupture in the relationship. So I continue to use this as information to reassure myself moving forward, as well as other self-soothing practices when needed.

In time, I noticed that I was better able to tolerate the ebbs and flows of client work. I was less worried about clients not responding quickly, not knowing whether clients would be back for their next appointment, or at what pace clients should be meeting their goals. It felt like my new way of thinking was a marker of how well I was doing. The less I got in my own way, the better I could lean into my beginner mindset and trust the process that I was embarking on with each client. I began to trust that what unfolded was right for each client in that moment in time. My time with each client was just a small part of their overall story. I often reflected on the pace of my own healing. It has often been slow, but it is the pace I need for integration. So I worked to allow that for each of my clients. Their progress was theirs, and what was most valuable was that our sessions were meaningful and helpful to them. Clients are the best judge of that and what they need.

Being Versus Doing

The idea of being versus doing was something that came up repeatedly for me during my internship, particularly in the beginning. I kept questioning whether I was doing enough for my clients. Shouldn't there be more movement? Shouldn't they be showing "progress" more quickly? I constantly felt like I needed to be doing more, like I should have had better intervention methods and more theoretical knowledge, or been better able to provide psychoeducation. I was quick to dismiss the value of client-centred foundational counselling skills. The power is in being present for another person: listening, not to respond or teach, but to reflect and paraphrase, to hear and not to give advice or "make" them see something.

Another part of this was accepting my skills as they were developing. When I worked on accepting my skill level and focused on practicing the basics, I found that they were, in fact, enough. It became okay to offer what I had. As I began to meet myself where I was, I felt better able to meet clients where they were and to allow us both to proceed at our own pace. I began to understand what it feels like to practice being with another.

Returning Again and Again to the Value of Person-Centered Approach

For many years throughout my social work education and work experience, I always saw relationships as the foundation for the work that I did as a social worker. If I did not work to build a rapport and relationship with a client, the work could not happen. The work happened through the relationship.

When I first started my practicum, I often felt behind fellow interns who came from counselling programs. I worried that I didn't know enough about theory or interventions. This caused me to be in my head and to second guess myself. However, I kept reminding myself that the relationship with the client is the most essential part of the work of a therapist. In time, I refocused on practicing the basics of the Rogerian client-centred approach, which fits so well for me. Carl Rogers (1989) outlines the following characteristics of this approach to therapy. 1) Genuineness, realness, or congruence. The therapist is genuine in the relationship, putting up no personal or professional façade. The therapist can be present with whatever the client brings into the counselling space (p. 135). It has been helpful to remember this, that by being genuine with my approach to working with clients, I did not need to have more theory. I could just be me with the skills that I had, and there was value in approaching my client work from this space. 2) Unconditional positive regard for the emotions that a client has in the moment. A completely non-judgemental approach to what is present and happening for the client, where they experience total acceptance rather than

having a therapist change, dismiss or direct the work in session (p. 135). For example, I experienced the power and change that this can have for a client when I was working with a young trans man who had a lot of previous experience with counselling. He shared experiences of previous counsellors and how parts of him—being trans and polyamorous, using substances—were never accepted or safe in the counselling space. He could not talk about these parts of his life, as they were dismissed by other therapists, and often thought of his past therapists as the reasons for the challenges he faced in life. It was clear to me that I was able to offer the client unconditional positive regard when he was able to share these parts of his life with me. This client told me in our third session that our short time together was more helpful than the many years of therapy he had experienced in the past. Being able to share parts of himself and have them be accepted was healing and profoundly helpful in assisting him to create shifts in his life. 3) The third condition that Rogers (1989) talks about is empathic understanding. The therapist must be able to sense accurately the feelings and personal meaning that the client is experiencing and expressing in session and be able to communicate this understanding back to the client. The therapist should also be able to listen for the feelings that the client might be unaware of that are just under the surface (p. 136). I am grateful to have had this experience, where I listened to a client describe a particular experience and a feeling just popped into my mind. I waited to see whether the client would name this feeling, and in this instance they did and I could know that I was accurately sensing what the client was experiencing. In another example, I could sense that a new client was feeling that they were taking up space and resources that someone else needed more than he did, even though he was unable to pay for therapy. I sensed the feelings of being undeserving and unworthy, and said, "You deserve to be here. You deserve to take up space in my schedule, and you deserve to get weekly support." It was clear when the client

responded with tears that I had accurately sensed his feelings and worries. 4) The fourth condition of the person-centred approach is trust in the client. This approach views humans as having a fundamental innate or inborn? impulse towards growth, healing, and realizing their full potential. People have inner wisdom that guides them towards what they need to shift and change. My job as a therapist is not to have the answers or to take a directive approach. Rather, it is to guide the client back to themselves and be supportive in reestablishing a connection and practice where they can access, feel and hear the answers and next steps that are already within themselves. Rogers (1989) also talks about an intuitive aspect: a way of being fully present and being connected to one's own inner intuitive self. This cannot be forced, but it happens "at those moments that it seems my inner spirit has reached out and touched the inner spirit of the other" (p. 137). There is an indescribable spiritual dimension to the person-centred approach. It is a way of being with a client rather than specific techniques employed by a therapist. It has been reassuring to realize that when I feel like I am not "doing enough," the way I continue to be with clients is grounded in the person-centred and spiritual approach. The Rogerian client-centred approach is a spiritual approach itself, as the principles invite me into a state of being rather than doing. It shows me that this is enough and, when done well, can support profound shifts within clients. So I continue to return again and again to the work of developing and practicing the characteristics described above while also strengthening my skills in paraphrasing, reflecting, deeply listening, and being present with the client.

Clarity in Theoretical Approaches to Therapy

There are many frameworks and theories that inform the way I view the world and the systems that make up the society we live in, and these play a role in my approach to counselling with clients. In my practicum proposal, I outlined that I planned to learn more

about feminism, strength-based work, and mindfulness-based CBT. What I learned was that my goals were too broad. Focusing on the Rogerian person-centred approach was enough. I gained clarity that this approach is the foundation of my work with clients. Developing these skills will strengthen all other approaches that I value. It also is clear to me that it takes time to integrate new skills or theoretical approaches to working with clients, and I am not able to integrate all the perspectives and theory that I value simultaneously. Rather, I ground myself in the Rogerian person-centred approach and incorporate other approaches over time. There is no rush to know it all. To know and do something well requires time and patience to integrate the skills. And this will come over the course of my career and lifelong learning. In reflecting on my practicum goals to understand wellness and healing modalities that are helpful to those with ADHD, to 2SLGBTQIA+ communities, and to other marginalized communities, I remember being so unsure of what clinical approach to include in my literature review. I found that the answers and next steps became clear by facing the unknown and the uncertainty. As I began my practicum, new ideas and approaches that I had not considered became much more clear. After learning about Rogerian person-centred approaches, I became curious about trauma-informed approaches and the value in understanding attachment theory. These approaches provide insight into how to care for our inner younger selves, with the traumatic experiences we had to endure, as well as how these experiences impact us and the ways we are showing up in our lives and in relationship with other people today. Trauma informed approaches also go hand in hand with a person-centred approach in the unconditional positive regard for what is happening for the client in the counselling space. Tending to the moment and being curious about the client naturally led to curiosity about somatic approaches and ways of working with the body, its sensations, and feelings. Instead of sinking deeper into challenging and uncomfortable feelings and

sensations, I worked to help clients look at them with curiosity. Exploring the information that lies around these feelings give us insight into why it is hard to allow them to exist without self-judgement. By being curious and slowing down, clients have the opportunity to feel their feelings rather than let them rush by. They can then say, "Oh that's what feeling a feeling feels like," so they can begin to explore their inner world and feelings rather than getting sucked into the middle of them and perhaps feeling immobilized.

Skills with Clients

Letting Clients Make Their Own Links

Early in my practicum, I often saw what I thought were links to various issues that a client talked about in session. At first, I mentioned the link, and although most of the time the client could see how the two might be related, this did not appear to be overly helpful. In talking with my supervisor, I began to realize that my role is to ask the questions so that a client can gain their own insight. I can't take responsibility for someone else's journey. The value is in helping a client connect the dots for themselves in ways that are meaningful to them, that help them connect back with their inner wisdom that has always been there.

Interrupting/Reorienting Clients

Having learned this continues to be incredibly helpful for me. When I began recording sessions for supervision, it became clear, when listening back, that the stretches of time in between a client sharing and me talking were quite lengthy. I always want to make sure the client feels heard and has the space to share what is going on with them. In discussions with my supervisor, I learned the value of interrupting and why, as a therapist, this can be necessary. Interrupting can help to focus the session and go deeper. A client may talk about many things without great detail, and interrupting can be a helpful way to pause, slow down, or refocus the conversation. This allows for more in-depth counselling and

creates curiosity about things that a client may glaze over, not realizing that they are

important. One example of this came up when a client was talking about object permanence

with ADHD and autism, and the ways that this impacted the healing of an old friendship

wound. Since this person wasn't in their life anymore, they often forgot about them, but

when something caused them to remember this person the emotions flooded back in. After

sharing this, they changed the topic to the next thing they wanted to talk about. I interrupted

to pause the conversation and offer a reflection on what they had shared. It was clear that this

validated their experience, and after sitting with that for a moment, the conversation naturally

continued and connected to their next topic. Interrupting can also be about reorienting clients,

which is particularly helpful when clients are talking about other people. For example, saying

"I am curious about how this impacts you" refocuses the conversation inward rather than

outward. There is a discomfort for me in interrupting clients; however, understanding the

value and the benefit it has for clients has helped me reframe my discomfort, and I have been

practicing this skill in session with clients since.

Implication for Social Work Practice

When I think about the implications that my learning during my practicum with

Dragonstone will have on my future practice, the following are at the forefront of my mind:

the value of learning clinical counselling in a holistic counselling practice, the importance of

centring the therapeutic relationship in our work with clients, and the continued need to

acknowledge the role that the natural environment has in our wellness.

The Value of Centring Relationship

We all need connection. Particularly in therapeutic work, there must be a sense of

connection, acceptance, and safety for clients to take risks that promote growth and healing.

Although being skilled with techniques and interventions has value, therapists and social

workers must remember that without a strong therapeutic relationship we are missing or rushing the most precious and crucial elements needed to be effective and helpful in our roles.

Holistic and spiritual approaches centre the importance of the relationship, highlighting the value of being versus doing. Susan Pease Banitt (2019), LCSW, a social worker and psychotherapist who specializes in the treatment of severe trauma and post-traumatic stress disorder (PTSD) states that "the master therapist incorporates wisdom, self-knowledge, and an empathic presence so impactful that it supersedes the 'doing' or mechanisms of any particular therapy technique or theory" (p. 11). Pease Banitt (2019) outlines that many modern psychologists use language that centres the therapeutic relationship as the primary goal of therapy (p. 11, 12). Carl Rogers is one of the psychologists that Banitt (2019) lists and, as discussed earlier, the Rogerian client-centred approach includes unconditional positive regard for the client, congruence, and genuineness. We must first be fully present with clients to develop the therapeutic relationship; this is the foundation and how we begin to address the issues and concerns that have brought them to counselling. This concept is echoed by Lambert et al. (2001) in that "the development and maintenance of the therapeutic relationship is a primary curative component of therapy" and that "the relationship provides the context in which specific techniques exert their influence" (p. 359). Holistic and spiritual approaches are adaptable and work well to meet clients where they are, allowing them to move through sensitive experiences in ways that feel safe and contained, at their own pace.

The Importance of Learning and Working in a Holistic Counselling Practice

I chose Dragonstone because I knew that I needed an environment of safe, like-minded people to offer guidance and nurture me as I embarked on my learning journey. I

couldn't be more grateful for the patience, support, and mentorship I received at

Dragonstone. It was a space of growth that, instead of directing the way I worked with

clients, supported me in finding my own authentic approach to counselling. I am proud to

walk away from my time with Dragonstone with confidence in myself and what I have to

offer in clinical social work practice.

I have pondered why I have such a strong impulse to understand wellness. As many

people who enter helping professions, I reflect on how my education through social work

parallels my own healing journey. At times, I feel ashamed of bringing these parts of myself

into my education and practicum. My learning has begun to untangle my feelings, to unlearn

and to rediscover who I am and how my life experiences have shaped me. I practice stepping

away from internalizing harmful inherited narratives about who I am and how I am supposed

to live and exist in the world, reclaiming choice and possibility in place of hopelessness. For

much of my life, I was very alone in my internal world. I have abandoned, repressed, and cut

off parts of who I am in an attempt to be accepted, to belong, and to be loveable. I am sure

that many people can relate to these experiences. The introduction of spirituality and social

work practice and mentorship (alongside my own therapy) during my master's program has

been transformational. Courses such as Alternative Methods to Wellness and Social work and

Spirituality have offered profound experiential learning. This knowledge I hold in my body,

not just my mind.

The mentorship and support I have received throughout my learning demonstrate the

power of holistic and spiritual approaches in action. I struggled with self-doubt at the

beginning of my practicum. Being able to discuss this with my supervisors allowed me to be

more non-judgemental with myself, to be curious, and to treat myself with gentleness and

compassion, allowing my feelings to take up space. I hold myself with care and curiosity

about what these feelings need rather than self-criticism for their presence, repression, or internalization of the narrative of self-doubt. This could not have been possible without the care and space that my mentors created and their willingness to tend to, not just my academic goals, but all the parts of me that showed up in the learning process. Had it not been safe for me to give voice to these parts, I would not have experienced the healing experiences I have had. Because holding a spiritual and holistic approach means seeing and being reminded that there are other parts of me. This approach gives back self-agency and the power of choice, releasing the need to feel shame for having self-doubt. It creates space to nurture and strengthen other parts of myself and to direct my energy there rather than trying to suppress my feelings and pretend I don't feel self-doubt and fear because I "should" be more confident as a master's level practicum student. I was accepted for me, as I was. Practicing self acceptance was profoundly helpful to my growth as a learner and my healing as a human. Siegel (2016) defines good caregiving as being seen, soothed, safe, and secure. Pease Banitt (2019) reminds us that "when [Siegel] discusses good caregiving, he is not just talking about therapy but any caregiving relationship: parent-child, lovers, friends. For him, maintaining a safe and secure attachment between individuals is the necessary foundation for healing the mind" (p. 11). I argue that this extends to supervisors, professors, and mentors throughout our education and learning.

Policy Implication

As social workers, we must remember to not lose sight of the importance of relationships in practice and policy. In her book Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others, author Laura van Dernoot Lipsky reminds us that "good policy, both political and personal, takes into account the reality of the need for service rationing. Effective policymakers look without flinching at the possibility that scarcity of

resources will require workers to take shortcuts" (p. 24). Policy should strive to eliminate the pressure on workers that results in shortcuts rather than placing blame on individuals. We can look at our policies and systems and begin to make the structural changes needed to engage in our work sustainably.

The more deeply we learn and experience what the embodiment of these values feels like in practice as students and practitioners, the more equipped we are to be effective and sustainable in our roles. Additionally, experiencing how it feels to receive care from supervisors and mentors who embody this type of holistic approach and our embodied extension of integrating this learning, allows us to offer this profound presence in our relationship with our clients.

Short-term counselling that offers 6 to 8 sessions, for example, commonly through employment assistance programs, can make counselling more accessible. However, healing cannot be confined to a specific amount of time, and the pressure to "do" something for the client in the short time that you have with them can create pressure that shifts the therapist away from focusing on being with the client, as there is a need to "prove" the effectiveness of their program in achieving a specific outcome. Results become more important, and the therapist loses focus on the necessity of time and pacing to build a strong therapeutic relationship. Particularly for those with significant trauma, this process cannot be rushed.

Another element of this is how we teach self-care. Although it is talked about as a brief component of many courses, they seem to address self-care only theoretically, while we are almost always working in a state of burnout, trying to regain rather than being proactive. This speaks to the importance of courses like Alternative Methods to Wellness and Social Work and Spirituality, where there is an experiential component. While this course focuses

on skill building aimed at clients and groups, it also carves out time weekly in class for experiential learning and embodied experience, and provides profound insight into the value of these approaches and allows for meaningful integration of theory and practice.

Conclusion

The pursuit of my master's degree, culminating in this practicum, has nurtured my desire to better understand wellness and the role of spirituality and holistic approaches to healing. My practicum offered space to be curious and to ponder questions such as what it means to be well, what influences and impacts our wellness as complex humans— specifically looking at experiences of queerness and ADHD—and what my role as both a human and clinical social worker could be in supporting and facilitating wellness for myself and in my practice.

I have gained clarity in the foundation of the Rogerian client-centred approach, how it informs my work with clients, and the integration of other modalities in my practice. I better understand how traditional clinical counselling modalities can be paired with a spiritual framework that attends to the body, mind, and spirit. The holistic nature of trauma-informed, somatic, and art-based approaches feels like a natural fit for me.

What different groups of people need to be well differs. We are complex human beings, often with multiple intersecting identities that impact our access or increase barriers to wellness. We each need an individualized approach to wellness and healing. There is clearly no one-size-fits-all approach here, just as there is no formula for social work practice. As Zaph (2009) illustrates, "Social work is not something created elsewhere and then done or imposed on rural and remote areas. It is created or made in each place" (Cheers, 2004 as cited in Zapf, 2010, para. 19). We must remember this as well when it comes to wellness: well-being is created or made in each place.

The hands-on, experiential learning I had in my practicum with Dragonstone has helped me build on existing therapeutic skill sets and deepened my understanding of how profound our presence with clients can be when we attend to the relational needs of clients to feel seen, safe, soothed, and secure (Seigal, 2016). There is incredible value in reflecting on how I embody the principles of unconditional positive regard with clients, as well as how I care for myself as a practitioner. To hold this type of presence creates a space where clients can take risks and explore the tender parts of their own inner world and emotions. Holistic approaches align with my own clinical style, and the powerful use of reflective and empathic responses for clients provides them with the opportunity to reconnect with their own internal knowing to experience a sense of clarity, realization, and self-trust.

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